



Blasting Permit Application

Town of Kennebunkport

Permit # _____ Fee **\$100.00**

6 Elm Street Kennebunkport, ME 04046

Phone 207)967-4243 Fax: 967-8470

www.kennebunkportme.gov

Date issued _____ By _____

For: Map _____ Block _____ Lot _____ Zone _____ Shoreland _____ RP _____

NOTE: All data fields must be filled for application to be processed. Put N/A in any field that does not apply to this permit.

OWNER DETAILS

Name: _____ Street Address _____

Mailing Address _____ State _____ Zip code _____

Contact phone #: _____ Email address: _____

The Owner agrees to hold harmless and indemnify the Municipality and its employees from any claims, or action arising out of the blasting activity subject to this permit, or any construction or installation, development of the site, inspection of the building plans, site or building associated with said blasting, including claims based on negligence of the Municipality or its employees. I have read, understood and agreed to the above conditions.

Signature of Owner

Date

DETAILS OF ENTITY PERFORMING BLASTING

Contractor/ Company Name: _____ Phone: _____

Address _____ State _____ Zip code _____

License Type & Number: _____ Expiration: _____

License issued by: _____

Name of Person/ people who will carry out blasting: _____

License Type & Number: _____ Expiration: _____

Has this person had previous experience with use of explosives? _____

The entity and/ or individuals performing blasting operations agree to hold harmless and indemnify the Municipality and its employees from any claims, or action arising out of the blasting activity subject to this permit, or any construction or installation, development of the site, inspection of the building plans, site or building associated with said blasting, including claims based on negligence of the Municipality or its employees. I have read, understood and agreed to the above conditions. I declare the information provided to be correct, and undertake to comply with all relevant legislation.

Signature of Applicant/ Contractor

Date

PUBLIC RISK INSURANCE POLICY DETAILS

Name of Insurer: _____ Name of Insured: _____
Policy Number: _____ Expiry date: _____
Amount of Coverage— Property \$ _____ Bodily Injury \$ _____

BLASTING DETAILS

Dates of proposed blasting From: _____ To: _____
Precise Location _____
Maximum size charge: _____ Detonation: _____
Diameter of holes: _____ Average depth of holes: _____
Means of storage on job site: _____
Distance to nearest structure(s): _____ feet. Structure(s) occupied as: _____
Type of Cover to be used: _____
Projected Cubic Yardage to be displaced: _____ cu. yd.

TERMS & CONDITIONS

1. The Blaster shall advise, in writing, all property owners of properties within 500 feet of the blasting location, the expected date, time and duration of blasting operations, and the name, address and telephone number of the contractor performing the blasting. Proof of certified mail notification must be provided to the Code Enforcement Office prior to issuance of the permit. (Canada & international mail use USPS "Certificate of Mailing")
2. Failure of the Blasting Company to provide information concerning notification to affected properties (within 500') will result in revocation of the Permit.
3. The Town of Kennebunkport assumes no responsibility to the Blaster or any other person for damages which may be caused by blasting operations carried out under this permit.
4. If blasting operations are to be carried on in the vicinity of a power line or telephone line, the Blaster must ensure that those companies are notified of the blasting operation prior to undertaking such activity.
5. Ten (10) minutes prior to detonation the Blaster shall visually check the area for pedestrians and shall warn them of the impending blast.
6. An alarm will be sounded one (1) minute and again at 30 seconds prior to detonation.

7. The Blaster shall promptly notify the Town Code Enforcement Office when the job is complete.

"I certify to the accuracy of the data submitted herein and any attachments hereto of this application. Any blasting operations for which this application is made will be in accordance with the Town of Kennebunkport's Land Use Ordinance Article 6.17 and 25 M.R.S.A. sec 2471 et seq. and State Fire Marshal Rules, Chapter 31 and any other applicable State statutes and regulations."

Signature of Applicant

Date

ATTACH NAMES AND ADDRESSES OF PROPERTY OWNERS WITHIN 500 FEET OF BLASTING LOCATION ON SEPARATE SHEET, AS WELL AS A MAP WITH HIGHLIGHTED PROPERTIES BEING NOTIFIED.

Please attach to this application a site plan of the proposed blasting location, showing a radius of 500' around the site. You may also attach a tax card with the blasting location identified.